

Thomas Jefferson University Hospitals  
**Patient Family Advisory Council**

2015–2016  
ANNUAL REPORT



## MISSION STATEMENT:

**Our simple goal is to improve the patient experience**

Our mission is to accomplish that goal by deepening genuine engagement with our patients and their families and drawing from their experiences. And our vision – in the truest sense – is to see things from our patients' point of view and from the next of kin's perspective and to use all of it to drive positive change.

October 26, 2016

Dear: Jennifer Jasmine Arfaa, PhD and Nora Kramer, MS, RN

It is a proud moment for the Advisors of the Jefferson PFAC to present the first annual report, a document that highlights our challenges and achievements, and most of all, shows the Advisor dedication and loyalty to Jefferson.

Our close feelings stem largely from our embrace by the Jefferson Family. In return, and in recognition of this unique relationship, we took on the responsibility to provide insight and praise, as well as candid and timely critiques. Make no mistake. We are all fans of Jefferson!

It was early in 2014 that the Office of Patient and Family Experience determined to establish a Patient and Family Advisory Council (PFAC). The effort started with an announcement to the entire Jefferson Community, the better to call for volunteer Advisors and alert everyone to this new initiative. Through communications between Jefferson PFAC/Volunteer recruiters and Advisor candidates, the PFAC started to take shape. Once we completed the formalities of on-boarding each Advisor as an "honorable" volunteer, we held our first meeting on March 26, 2015. CXO Jennifer Jasmine Arfaa opened by explaining why PFAC is important and how this initiative can serve Jefferson's goals and its patients. Richard Webster then took the floor to speak personally about his connection to Jefferson and value he places on PFAC.

All great families commence with foundational building blocks, and 2015 was a building year for the Jefferson PFAC. We drafted by-laws/charter and established a meeting cadence, a meeting structure, and brainstormed ways to best serve the purposes of our patients and the enterprise. Building momentum in 2016, PFAC activity started to reap benefits and now we are seeing evidence of our efforts throughout the hospitals. It's progress we will continue to make.

We want to extend a special "thank you" to Jefferson Hospitals' Jennifer Jasmine Arfaa, Nora Kramer, Eleanor Gates, Richard Webster, Brian Sweeney, Thomas Wallin, Terri Heavens, Kristen Graff and the other members of the Jefferson Community who touched the council in a variety of ways and offered invaluable guidance, effective support and imaginative vision.

It has been our pleasure and honor to serve the Jefferson Community in such a prestigious manner.

Yours truly,



Lindsay Hoff  
Advisor Co-Chair



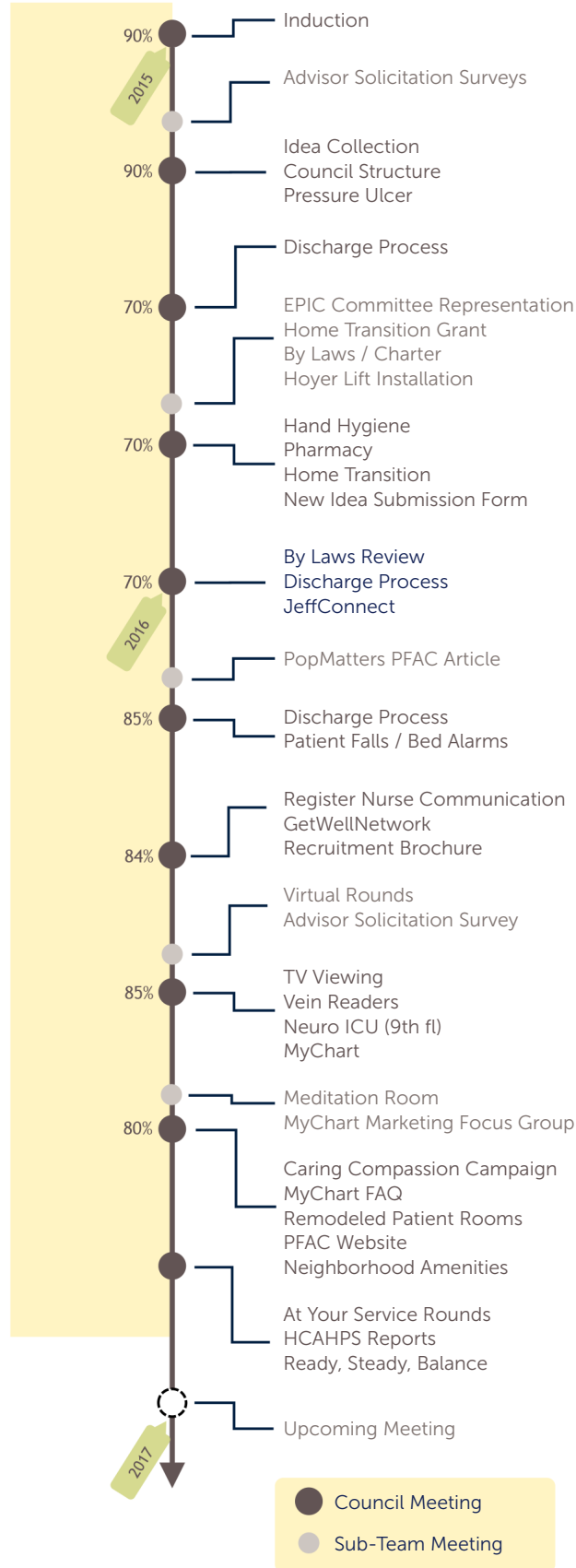
Jennifer Sparrow  
Advisor Co-Chair

# Patient Family Advisory Council

**Mission Statement:** Our simple goal is to improve the patient experience

24 Accomplishments | 18 Topics Discussed | 20 Guest Speakers | 10 Meetings | 897 Total Hours Contributed

## Our Journey



## Words of Jefferson Health

Advisory **council** educate effort **experience**  
 family gives **hospital** improvement  
 issues **Jefferson** meet members  
**patient** people **PFAC** positioned  
 process provided RN specific suggestions think **Volunteer** work

## Conversation Categories



30%  
PATIENT



30%  
COMMUNICATIONS

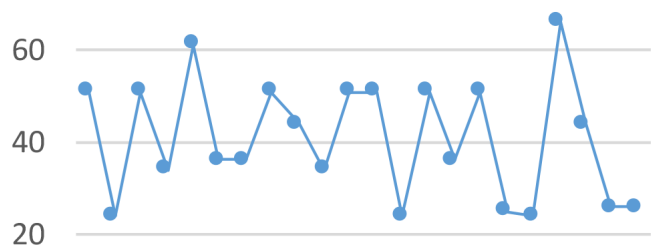


16%  
TECHNOLOGY

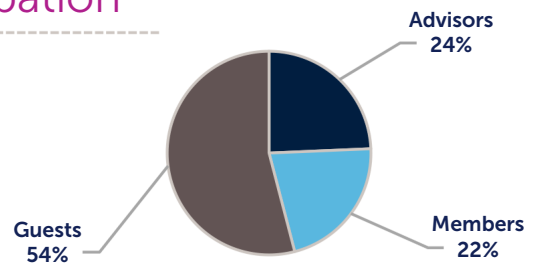


24%  
PROCESS

## Advisor Volunteered Hours



## Participation



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## Executive Summary

The establishment of the Jefferson Hospitals' Patient and Family Advisory Council (PFAC) was marked by an announcement from the Chief Patient Experience Officer in early 2014. Diligent research on best practices and council structure, Advisor recruitment and Advisor onboarding continued throughout 2014. The inaugural meeting of the council took place on March 26, 2015. On that occasion, Rich Webster, President, TJUH, and Jasmine Arfaa, Chief Patient Experience Officer, set a strong and positive tone regarding their commitment to the Jefferson Community at large, and the new Patient and Family Advisory Council in particular. Today, a year and a half later, the council is hitting its stride as an important tool to improve patient care.

To accomplish its on-going mission, the Council is relying on good communication. We adopted an approach to guarantee that members listen better and hear more, that we consider and converse more easily as a team, and that we transmit our thoughts and recommendations to those who can take action. All of this is being done with a respect – if not a reverence—for the core values of Jefferson.

The demographic of the council is ten (10) patient and family volunteer Advisors supported by members of Jefferson's senior management team, staff and members of our medical community. The council meets six times a year for three hours at a time. We work to a well-defined agenda structured to 1) introduce new topics, 2) allow for open discussion and, 3) suggest an action plan. We welcome expert guest speakers from throughout the campus. Most of them are seeking ways to improve their specific area or function. These bi-monthly meetings also allow us to follow-up on topics we're already worked on, and discuss new subjects that need our attention.

This report is from the Advisors to Jefferson Hospitals Senior Executives and Co-Chair Members. Distribution of the document is at the sole discretion of the Jefferson Hospitals management team and the Advisor population of the council has no right to distribute without the written consent of the Jefferson Hospitals.

## 2015-2016 PFAC Advisors and Members

### Advisors

Debra Behnke  
Clarence Clark  
Sally Crann<sup>1</sup>  
Linda Diletto  
Sean Elliot<sup>1</sup>  
Lindsay Hoff<sup>c</sup>  
Rebecca Levenberg  
Daniel Louis  
Sister M. Ann McGovern<sup>1</sup>  
Jennifer Sparrow<sup>c</sup>  
David Terhune  
Undisclosed Advisor<sup>2</sup>

### Members

Jennifer Jasmine Arfaa, PhD<sup>c</sup>  
Chief Patient Experience Officer

Ann Coughlin, MSN, MBA, RN  
Guest Relations Manager

Eleanor Gates, RN, MSN  
Vice President of Surgery / Trauma and Service Excellence

Kristen Graff  
Administrative Assistant To Jasmine Arfaa, PHD  
and Eleanor Gates, MSN, RN

Terri Heavens, BA, CLSS  
Jefferson's Methodist Hospital  
Director of Service Improvement & Volunteer Services

Cyndi Line, PhD<sup>1</sup>  
Telehealth Project Manager  
Telehealth Administration

Nora Kramer<sup>c</sup>  
Administrative Supervisor / Nurse Extern Pool Manager/  
Trauma Injury Outreach Prevention Coordinator  
Trauma Administration  
Nursing Administration

Jennifer Procopio, DO<sup>1</sup>  
Hospitalist, MHD Hospitalist Medicine

Brian Sweeney, RN, MBA, FACHE  
Senior Vice President, Hospital Operations

Kathleen Stepanuk, DrNP, RNC-OB-CCE, CBC<sup>2</sup>  
Professional Development Specialist  
Nursing Research and Professional Development

Thomas Wallin  
Supervisor, Volunteer Services

Richard Webster, RN, MSN  
President, Thomas Jefferson University Hospitals  
Jefferson Health

Susan West, MD<sup>1</sup>  
Ambulatory Practice  
Neurosurgery

<sup>1</sup> Served portion of 2015 only

<sup>2</sup> Served portion of 2016 only

<sup>c</sup> Co-Chair

## Achievements and Activities

### REFLECTS PFAC 2015 / 2016 STATISTICS

24 Accomplishments | 18 Topics Discussed | 20 Guest Speakers | 10 Meetings | 897 Total Hours Contributed

▲ Complete; ● Work in Progress; ★ Upcoming Topic

PFAC Initiatives	PFAC Results
<p><b>PFAC Website</b>  <i>To maximize the marketing, public relations, team-building and operational value of PFAC, members determined to create an online presence.</i></p>	<p>▲ Worked with IS&amp;T to launch a dedicated location on the <i>Jefferson.edu</i> website. Easy to find and easily accessible, we will use the site to promote our brand, elicit comment, solicit topic suggestions and promote an identity.  <a href="http://www.jefferson.edu/pfac">http://www.jefferson.edu/pfac</a></p>
<p><b>Discharge Process</b>  <i>The Council expended a considerable amount of time and brainpower considering ways to improve our Hospital Discharge Process.</i></p>	<p>▲ PFAC submitted concrete suggestions to appropriate departments. For example, 1) provide more notice to families on estimated timing of discharge, 2) submission discharge topics should start on Day 1 of the hospital stay, 3) need to reassess the availability of medications and supplies for patients who are discharged after hours or when the pharmacy is closed.</p>
<p><b>Publications</b>  <i>Promote and raise awareness of the still-new Jefferson Patient and Family Advisory Council, to generate interest and support and raise general awareness.</i></p>	<p>▲ We published an article in “Population Health Matters,” the quarterly publication of the Jefferson College of Population Health, Winter 2016 issue.             Framed as an interview with the people most responsible for creating the PFAC—both Advisors and Members—we’re told the response was strong and positive.</p>
<p><b>Hoyer Lift Addition</b>  <i>Studied the need for a Hoyer Lift in the Urology Office (833 Chestnut St.) and submitted our findings.</i></p>	<p>▲ PFAC involvement expedited the installation of a new Hoyer Lift in the Urology Medical Practice area during the Fall of 2015.</p>
<p><b>Pressure Ulcer</b>  <i>Evaluated and suggested improvements to the Pressure Ulcer posters in Patient rooms.</i></p>	<p>▲ PFAC involvement resulted in a more reader-friendly poster about Pressure Ulcers for display in patient rooms.</p>
<p><b>Marketing Campaign</b>  <i>Increase both the marketing and operational value of a strong single-unit PFAC. The Council seeks to do the most good at Jefferson system-wide.</i></p>	<p>▲ PFAC composed and adopted an “Idea Submission Form” to make it easier for all members of our Jefferson community, to suggest new topics for PFAC to consider.</p>
<p><b>Charter and Bylaws</b>  <i>To create a sustainable, efficient, dependable and truly results-oriented structure for the Patients and Family Advisory Council, we determined to create a unique, recognizable and accountable entity within the Jefferson enterprise.</i></p>	<p>▲ PFAC drafted a charter and complementary by-laws. It was resolved that we maintain operations for two or three years before submitting these by-laws for finalization.</p>
<p><b>Contribution to Advancing Jefferson</b>  <i>Best Practices Goal: How can Jefferson’s inaugural PFAC effort maximize its retail service while advancing organization goals?</i></p>	<p>▲ Based on their individual experiences, PFAC members submitted their ideas for turning Jefferson into the “<i>Amazon of Healthcare</i>”. Those thoughts were presented to Jefferson Hospitals in combination with their own ideas as contributors to advancing their healthcare system.</p>



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<p><b>Patient Discharge Transition</b>  <i>Improve patient transitions to home from the hospital after discharge.</i></p>	<p>▲ PFAC offered suggestions based on advisors’ personal experience regarding how to make the move home easier and more reliable. Part of this effort is ensuring that the patient to the extent possible, is medically aware of her or his situation.</p>
<p><b>Jefferson Pharmacy</b>  <i>Jefferson Pharmacy hours do not accommodate patient discharge times in the late afternoon or evening.</i></p>	<p>▲ PFAC encouragement led to the Jefferson Pharmacy Team establishing arrangements with two local pharmacies with 24/7 hours, to supply needed prescriptions at necessary times, based on our hospital discharge schedule.</p>
<p><b>Admittance Day 1 Ideas</b>  <i>To move the complicated issue of Hospital Discharge forward and find better ways to accomplish it, PFAC renewed its efforts to share new ideas based on patient and family experience, as people are admitted to the hospital.</i></p>	<p>▲ PFAC issued a report suggesting the specific subjects that should be addressed upon admittance, the better to prepare for discharge.</p>
<p><b>Hand Hygiene</b>  <i>To find ways to actuate and amplify Jefferson’s already active anti-HAI campaign related to hand hygiene.</i></p>	<p>▲ PFAC offered suggestions to encourage all healthcare professionals to wash their hands. For example, provide more education to the family and patients on the process required for staff to be medically compliant with hand hygiene and encourage the patients to speak-up to remind staff to wash their hands as they enter the room and before they physically touch them.</p>
<p><b>Recruitment</b>  <i>With demanding, aggressive and rigid membership requirements, PFAC must come up with ways to replenish and refresh its pool of Advisors, experienced lay volunteers.</i></p>	<p>▲ We composed and created a new communications tool to inform and recruit potential new Council members specifically designed to attract people with the requisite personality traits and characteristics. Specifically, we’re seeking those with experience, knowledge and an understanding of how hospitals in large academic medical centers operate.</p>
<p><b>EPIC</b>  <i>Studied how best PFAC can contribute to the EPIC medical health records project.</i></p>	<p>▲ A PFAC lay member offered specific and targeted viewpoints based on the patient and family perspective.</p>
<p><b>JeffConnect Program</b>  <i>Offer concrete input to improve the JeffConnect program.</i></p>	<p>▲ PFAC discussed this new Jefferson project and made recommendations for post discharge.</p>

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PFAC Initiatives	PFAC Updates
<p><b>RN Communications / Coordination of Care</b>  <i>Evaluated everyday nurse communications using ABC's of Communication Bundle, Whiteboards, Q1 Hour rounding and bedside report.</i></p>	<p>▲ Provided recommendations for improved whiteboard use and suggestions regarding not erasing 'M in a Box' to better communication medication information to patients.</p> <p>Supported the improvements for change of shift to bedside reporting, which will ease a high patient stress time.</p>
<p><b>Hospital Falls</b>  <i>Reviewed our campaign to prevent falls; fall bundle, bed alarm policy and post fall huddle process.</i></p>	<p>▲ PFAC reviewed and offered feedback to modify the Bed alarm script to be more patient friendly. Recommended patient be included in post fall huddle discussion for input to prevention.</p>
<p><b>GetWellNetwork</b>  <i>To increase patient utilization of the GetWellNetwork, we conducted an interactive technology session through which we gathered feedback on how to increase patient engagement.</i></p>	<p>▲ Suggested 1) expanding to all floors, 2) create a special version for older patients and move toward touch screen technology.</p>
<p><b>Virtual Rounds Improvements</b>  <i>To accelerate adoption of virtual rounds, a small committee reviewed the technology, procedures and challenges.</i></p>	<p>▲ Recommended the program engage a physician sponsor, move away from scheduled to spontaneous meetings via an open portal session. Suggest targeting a population more inclined to home visits as the concept is similar. Discussed including in the success factor when patients use their own personal devices. Program is under review and will run parallel with the iPad by bedside project.</p>
<p><b>Vein Readers</b>  <i>Studied the need for higher usage and availability of vein readers with all floor units.</i></p>	<p>▲ Recommended additional nurse training and vein readers to be located one per unit to increase vein reader availability.</p>
<p><b>Pastoral Care/Meditation Experience</b>  <i>Evaluated and discussed the care and compassion support for family members.</i></p>	<p>▲ Provided input for grieving room availability, meditation room ecumenical spiritual appearance, location and surrounding noise control.</p>
<p><b>MyChart</b>  <i>Showcased the new MyChart patient portal to ensure all patients' needs will be met and expectations managed during the ramp-up period.</i></p>	<p>▲ Reviewed the MyChart portal including the activation/appointment schedule process and provided constructive feedback in the following areas: deactivation process, font size, appointment timeframes, wording for Flu vaccines (as this differs by doctor office), central location of medical records from other institutions, patient marketing pamphlet.</p>
<p><b>New vs Old Patient Room Feedback</b>  <i>Visited recent refurbished rooms to review the changes, suggest how the new amenities relate to and can positively impact patient satisfaction scores.</i></p>	<p>▲ Advised additional refinements to the future refurbished rooms such as: paint color and sheen, general Philadelphia images for wall hangings, shower curtain color, adding bench cushion, motorized blinds, softer overhead lighting and magnet boards to replace pushpin boards.</p>

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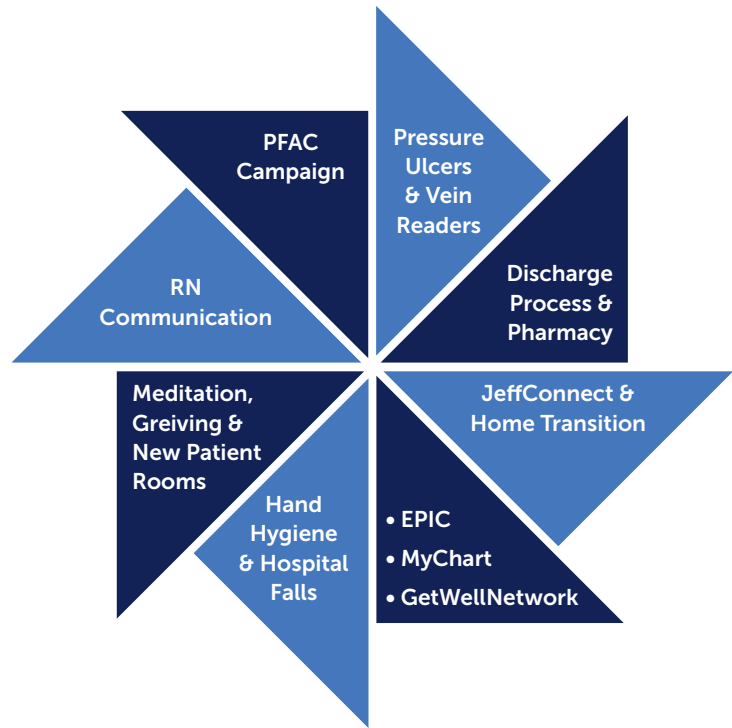
▲ Complete; ◆ Work in Progress; ★ Upcoming Topic

PFAC Initiatives	PFAC Updates
<p><b>Caring and Compassionate Campaign</b>  <i>Evaluated a communication mechanism for staff to use so that they have a general understanding of what is most important to each patient.</i></p>	<p>▲ Validated the proposal of the need for a tool to open communication between provider and patient to develop a caring connection. Provided suggestions on how to alter the tool for better use, consideration for adoption, and solicitation from the patient.</p>
<p><b>MyChart Marketing Focus Group</b>  <i>A small advisor focus group asked to solicit candid feedback with the marketing campaign launch of MyChart.</i></p>	<p>▲ Offered feedback on the content and purpose for posters, tent cards, brochures, computer screensavers and online FAQs in preparation for the MyChart launch.</p>
<p><b>Neighborhood Amenities</b>  <i>Evaluated Jefferson’s “A Guide to Getting Around” brochure which includes local merchants within walking distance of the hospital neighborhood</i></p>	<p>▲ Recommended to find a better source of information to keep the brochure updated by partnering with Jefferson’s preferred hotel. Suggested to add an indicator of the dining experience including cost per restaurant as well as adding the new convenience stores in the area.</p>
<p><b>At Your Service Rounds</b>  <i>Program Introduction and overview for At Your Service Rounds.</i></p>	<p>★ Outcome will be reported in 2017</p>
<p><b>HCAHPS Reports</b>  <i>Review the purpose and importance of the survey and how Jefferson responds to the survey’s results and adjust their goals accordingly.</i></p>	<p>★ Outcome will be reported in 2017</p>
<p><b>Ready, Steady, Balance</b>  <i>Review the progress of the community outreach program established for fall prevention awareness.</i></p>	<p>★ Outcome will be reported in 2017</p>

## Jefferson Hospitals – PFAC Pinwheel

Never at a loss for new ideas and suggestions for action, the PFAC is always in motion. There is much that goes on behind the scenes between meetings. Both our professionals and our volunteers spend many hours working through details and plans.

We pictured it as a pinwheel whirring at a pretty brisk speed. Our ability to respond to the needs we addressed is illustrated by the pinwheel. Each blade of the fan corresponds to an area of serious discussion and “idea evolution.”



*“PFAC a Place for Idea Evolution”*

## PFAC 2015–2016 Challenges

Challenges	Response
<p><b>Attendance &amp; Turnover:</b> The medical staff was disappointingly the lowest in meeting attendance. Some expressed little or no interest in continuing on the Council.</p>	<p>A noted issue whereas the Co-Chairs continue to discuss a variety of recruitment methods.</p>
<p><b>Guest Speakers:</b> We almost had more than we could handle! There was an abundance of people seeking the Council’s help. An issue we faced was that often speakers ran long, beyond the time allotted. In some cases, it would have helped the speaker to be more familiar with the PFAC audience they were addressing.</p>	<p>Senior Management has been very helpful in getting the word out regarding PFAC and in encouraging guest speakers to “carry the message home,” by reporting back to their respective departments.</p> <p>Another thing that will help is that we’re going live with the PFAC website this Fall and it includes a page giving each PFAC Member’s background. In this way, our speakers will have a better understanding of the PFAC audience.</p>
<p><b>Inter-council communication:</b> We are happy to report that our meetings were never at a loss for opinions. Some of our members were more vocal than others and sometimes managing a fair allotment of time among members became a challenge.</p>	<p>We established stricter—yet fun—“meeting rules” to give everyone a fair chance to comment and be heard. These organizational rules also served to guarantee our speakers enough time to complete their presentations.</p>
<p><b>Diversity:</b> It was our goal originally to assemble a PFAC that truly represented the Jefferson patient and family community. We had some success achieving that goal in our first year. We must work to maintain it, constantly seeking out people of different experiences and backgrounds, knowledge levels, age, and ethnicity.</p>	<p>PFAC Co-chairs and management must do everything possible to identify good candidates for the next generation of PFAC volunteers so that we can maintain a dynamic balance of different experiences and perspectives.</p>

## Meetings

**Greater Council:** Regular PFAC meetings are held bi-monthly, usually the fourth week of every other month. We meet for a period of three hours beginning at 5:00PM. Participants enjoy dinner and camaraderie, and then get down to business.

Here are some of the specific topics and issues we tackled to date.

1. Induction Meeting
2. Idea collection, Council structure and Pressure Ulcer (Guest Speaker)
3. Discharge Process (Guest Member)
4. Hand Hygiene (Guest Speakers), Pharmacy (Guest Speakers) and Home Transition (Guest Speakers)
5. Reviewed the By-Laws, New Idea Submission Form, Continued discussion Discharge (Advisor Speaker) and JeffConnect (Guest Speakers)
6. PopMatters Winter 2016 Edition PFAC Article, Continued discussion Discharge Process (Member Speaker) and Patient Falls / Bed Alarms (Guest Speakers)
7. Register Nurse Communication (Guest Speaker), GetWellNetwork (Guest Speakers) and PFAC Recruitment Brochure
8. Television Viewing in public areas (Member Speaker), Vein Readers (Advisor Speaker), Ninth Floor Neuro ICU Family Grieving room (Advisor Speaker) and MyChart – EPIC (Guest Speakers)
9. Website Launch, Caring Compassion Campaign (Guest Speaker), MyChart FAQ (Advisor Speaker) and Old vs New Patient Field Trip (Guest Speakers)
10. At your service rounds (Guest Speaker), HCAHPS Reports (Member Speakers), Ready, Steady, Balance (Member Speaker)

**Small Committee:** Co-chair meeting with the necessary support staff to prepare for the council meetings or an ad-hoc forum to discuss a variety of topics.

**Sub-Topic Council:** When participation outside the council meeting was requested or suggested, a subset of the Council assembled to meet and further discuss the issue, some of which are listed below:

- EPIC Committee Representation
- Home Transition Grant
- Virtual Rounds
- Meditation Room
- MyChart FAQs
- Bylaws / Charter
- Advisor Solicitation Surveys

## Community Outreach

Falls prevention awareness month sparked a new program Ready, Steady, Balance. This program was a pilot initiative from Nora Kramer, PFAC Member, when speaking with Linda Diletto, PFAC Advisor, how she maintains her balance to prevent herself from falling through the use of Pilates. With the recommendation of using Linda's Pilates instructor and Nora contacting Sean Elliot, Alumni PFAC Advisor, two small trial sessions were held at different YMCA locations – the program has grown in popularity with twelve sessions scheduled for the remainder of 2016.

## Professional Development

While researching the initiative to start a PFAC at Jefferson in 2014, the Member Co-Chairs attended Patient and Family Advisory Council conferences at the Hospital Association of Pennsylvania and Temple University to better understand benefits of having a PFAC and gain insight on learnings from other hospitals. In addition to these conferences, Member Co-chairs attended PFAC designing sessions at the Press Ganey National Client Conference, and spoke with the following institutions about how they designed their PFAC: Mayo Clinic, Cleveland Clinic, Johns Hopkins Medicine and Christiana Medical Center. Furthermore, throughout the inaugural year of Jefferson's PFAC, the Member and Advisor Co-chairs continued research using Health Care for All and other Massachusetts PFACs for best practices on determining how to benchmark and report to senior management on accomplishments.

## Finances

It is the understanding of the Advisors that Jefferson Hospitals has not disclosed an operating budget to support the PFAC. Advisors are responsible for their own commute into Center City for meetings or events. Upon arrival, meals, parking and public transportation are provided to Advisors. No overnight stays or extended stays were required for the events or meetings covered in this report.

The Advisors' collective contribution for years 2015 and 2016 are as follows: 200 hours recorded by Volunteer Services, with an unreported 697 hours. The totals hours volunteered adds up to 897. The projected estimate for 2017 volunteered hours should level off at approximately 400 hours.

# PFAC Goals for 2017 and Next Steps

## Customer Service

- Patient “navigators”, volunteer patient “ambassadors”

## Availability/Access

- ED procedure and waiting times; location; staff interaction with patients and families; movement through testing
- Review process for planned admissions; pre-admit testing, registration, waiting times; accommodation for very early admits

## Technology

- In addition to EPIC, explore other new Jefferson tech initiatives

## Communication

- Between OR staff and families in surgical waiting areas (explain timelines, process for seeing post-op patient, movement from room to room)
- Improved training in advanced directives for physicians and nurses, house staff and students with input from patients/families
- Clarify notification of all professional roles for patients and families. Who will be doing the surgery?
- Physician and RN attention to reducing “avoidable suffering”

## Quality and Safety

- Request that hospital administration consider input from PFAC when appropriate for identified quality/safety concerns

## Other

- Request that hospital administration consider input from PFAC when appropriate for billing process
- Topics related to food service
- Serving diverse patients
- Magnet Champions
- Promote the hospital by providing a little shirt or item for maternity / newborn saying – “I was born at TJU”



Jefferson Health®